

PTO/SB/52 (02-01)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE | 015280-212210US

Docket Number (optional)

(Cloop All Floriton December 1								
I hereby declare that:								
My residence and mailing address and citizenship are	e stated below next to my name.							
am authorized to act on behalf of the following assignee: The United States Government, as represented by the Secretary of the Department of Health and Human Services								
and the title of my position with said assignee is: Divi	ision Director for Technology Development							
The entire title to the patent identified below is vested	d in said assignee.							
Name of Patentee(s): Syed Zaki Salahuddin, Dharam V. Ablashi, Steven F. Josep	phs, Carol W. Saxinger, Flossie Wong-Staal, Robert C. Gallo							
Patent Number 6,054,283	Date of Patent Issued April 25, 2000							
Title of Invention ANTIBODIES AGAINST HUMAN HERPESVIRUS-6(HHV-6	3) AND METHOD OF USE							
I believe said patentee(s) to be the original, first and	d sole/joint inventor(s) of the subject matter which is							
•	ssue patent is sought on the invention entitled ANTIBODIES	<u>s</u>						
the specification of which								
is attached hereto.								
was filed on as reissue application numb	per/							
and was amended on								
(If applicable) I have reviewed and understand the contents of the a amended by any amendment referred to above.	above identified specification, including the claims, as							
I acknowledge the duty to disclose information which	n is material to patentability as defined in 37 CFR 1.56.							
I verily believe the original patent to be wholly or part below. (Check all boxes that apply.)	lly inoperative or invalid, for the reasons described							
by reason of a defective specification or drawing	ing.							
	ss than he had the right to claim in the patent.							
by reason of other errors.								
At least one error upon which reissue is based is des C.F.R. § 1.175(a).	scribed as follows: please see reissue declaration under 37							
[Attach ad	dditional sheets, if needed.]							

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

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(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE)						cket Number (Optional) 5280-212210US		
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected th rewith. Name(s) Registration Number								
Correspondence Address: Direct all communications about the application to:								
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OR		Type Customer Number	r Here			20330		
Firm or Individual Name								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.								
Full name of person	on signin	g (given name, family nar	ne)					
JACK SI	PIEGE							
Signature Sack Special			Date 2/	Date 2/20/2002				
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Additional P	atentee	s are named on separa	itely numi	bered sheets a	ttached I	hereto.		







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